



CITY OF LONG BEACH

DEPARTMENT OF PLANNING AND BUILDING

333 West Ocean Boulevard

Long Beach, California 90802

(562) 570-6651

FAX (562) 570-6743

DEVELOPMENT SERVICES CENTER

ZONING ENFORCEMENT

VALERIE DECKER – (562) 570-6955

APPLICATION FOR INSPECTION OF REQUIRED OFF-STREET PARKING

Pursuant to Chapter 18.76 of the Long Beach Municipal Code, the undersigned hereby authorize an inspection and a report of the below-described property for compliance with off-street parking requirements. The purpose of this inspection and report is to establish the legally required off-street parking spaces and a statement as to its availability or lack of availability. The inspection and report shall specifically identify any off-street parking spaces which should be used for vehicle parking but are not available for such use because of illegal conversion to another use, or any physical condition which prohibits the use of such spaces for normal parking of an automobile.

The inspector will cite any unlawful condition relating to the use and maintenance of the required off-street parking spaces. Such condition(s) shall be brought into compliance within ninety (90) days of such citation, or within sixty (60) days of close of escrow, whichever comes first.

The report on the availability of legally required the owner shall deliver off-street parking prepared as a result of this inspection or the authorized designated representative of the owner to the buyer or transferee of the residential building prior to the consummation of the sale or exchange.

- I M P O R T A N T -

THE BUYER OR TRANSFEREE SHALL EXECUTE A RECEIPT THEREFORE AS FURNISHED BY THE CITY OF LONG BEACH AND SAID RECEIPT SHALL BE DELIVERED TO THE DEPARTMENT OF PLANNING AND BUILDING AS EVIDENCE OF COMPLIANCE WITH THE PROVISIONS OF CHAPTER 18.76 OF THE LONG BEACH MUNICIPAL CODE.

Address of Inspection: _____ No. of Units: _____ Bldg. Use: _____
(SFD / Apt. / etc.)
Owner's Name: _____ Date: _____
Owner's Address: _____ Phone: _____
(Street)
(City) (State) (Zip)
Applicant Name: _____ Phone: _____
(Street)
Applicant's Address: _____
(City) (State) (Zip)

Fax: _____

NOTE: THE OWNER OR APPLICANT SHOULD BE AWARE AND UNDERSTAND THAT ANY VIOLATION DETERMINED DURING THIS INSPECTION WILL REQUIRE CORRECTION REGARDLESS OF A CHANGE OF OWNERSHIP.

I certify that I have read this application and state that the above information is correct. I agree to comply with the above requirements and hereby authorize a representative of this city to enter upon the above-mentioned property for inspection purposes. Further, I acknowledge that I am obligated to pay the full fee required prior to the inspection.

Owner or Listing Agent: _____ Date: _____
(Circle One) (Signature)
Escrow Company & Agent: _____ Escrow No.: _____
Mail Report to: _____
(Name)
(Street)
(City) (State) (Zip)